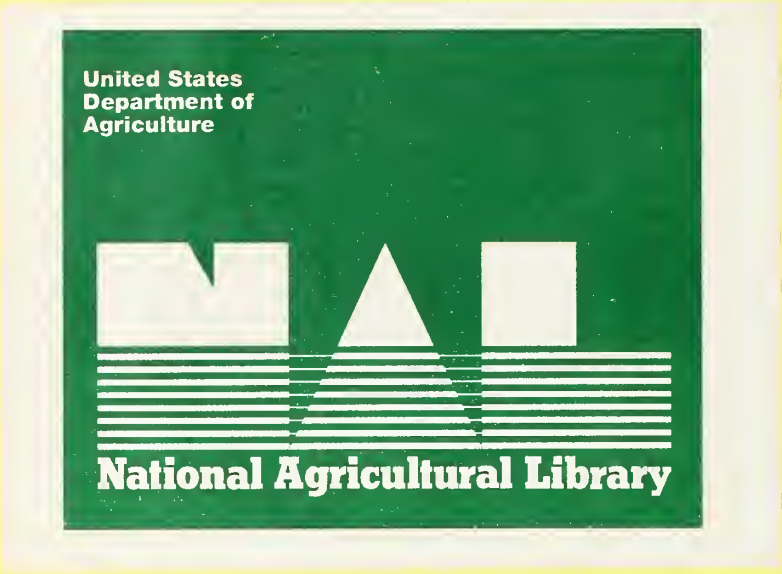
National Association of WIC Directors (NAWD) and the Food and Nutrition Service (FNS), U.S. Department of Agriculture Joint Statements and Correspondence Addressing Quality Nutrition Services in the WIC Program Spanning 1988-1993 Which Continue to Be in Effect

Provided by FNS as a Reference to Attendees of the 1998 NAWD Nutrition and Breastfeeding Conference Atlanta, Georgia, December 10-12, 1998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Dear WIC State and Local Agency Directors:

In March 1992, a Task Force of representatives from the Food and Nutrition Service (FNS) and the National Association of WIC Directors (NAWD) met in Alexandria, Virginia to discuss the role of paraprofessionals in the WIC Program. Colleen Pearce, North Dakota WIC Director, and Ronald J. Vogel, former Director, Supplemental Food Programs Division, FNS, served as Co-Chairs of the Task Force. A list of the Task Force members is enclosed for your reference.

Early in their deliberations, the Task Force agreed to focus on the broader topic of the delivery of quality services to WIC participants. The enclosed "NAWD/FNS Joint Statement on Quality Nutrition Services in the WIC Program" was developed as an expression of commitment by both NAWD and FNS to work towards this goal in the management and operation of the WIC Program.

During the development of the Statement, questions were raised about its status as official FNS policy. In particular, three main issues emerged:

- How will the Statement be used by FNS in the course of management evaluations, and will FNS hold State and local WIC agencies accountable?

- What preceding policies will be superseded by the Statement?

- How does the FNS publication entitled Paraprofessionals in the WIC Program: Guidelines for Developing a Model Training Program relate to FNS policy and the Statement?

While the standards, strategies and recommendations cited in the Statement are not mandatory, the Statement establishes commitments for all parties who have endorsed it. The Statement also establishes expectations as to how quality nutrition services should be planned and delivered to nutritionally at-risk women, infants and children, including the training and supervision of all staff who provide these services to WIC participants.

Although some of the principles incorporated within the Statement are based on existing FNS policy and Federal regulations and statutes, overall the Statement has no legal standing and is not part of the Federal/State agreement which

commits a State agency to certain conditions in order to receive Federal funding. Previous interpretations of FNS policy that are inconsistent with the principles outlined in the Statement are superseded by this document.

The standards set forth in this Statement as well as those established in the WIC Nutrition Services Standards will be used by both Federal and State personnel in providing program guidance. If circumstances are encountered in which the State WIC Programs are not being managed in accordance with this guidance, FNS may offer suggestions for management improvement. However, FNS cannot and will not require States to implement such suggestions unless specific WIC statutory or regulatory compliance issues are involved.

In an effort to assist WIC State and local agencies improve their program operations, FNS frequently develops technical references. One recent example is the FNS publication entitled Paraprofessionals in the WIC Program: Guidelines for Developing a Model Training Program, which is cited on the list of Additional Resources attached to the Statement. This soon-to-be-released publication was developed to assist State and local agencies effectively train and utilize paraprofessionals in the provision of quality nutrition services to WIC participants. It presents FNS's technical guidance on this issue rather than mandated requirements and expresses FNS's view of how different nutrition personnel should be utilized under ideal staffing circumstances. In contrast, FNS policy reflected in the Statement recognizes that State and local agencies need flexibility in staffing standards in order to meet the demand for WIC services. The Agency plans to release this publication under a separate cover to WIC State agencies at the same time of this Statement.

In closing, we realize that the Statement may imply resource commitments that may be difficult to meet. At the same time, all staff involved in the delivery of WIC services should strive to achieve the standards and implement the strategies and recommendations FNS and NAWD have jointly developed and endorsed. Such a commitment is essential to the important public health

mission that the WIC Program has been given and WIC staff have worked so hard to attain. We hope that the Statement will serve to support your efforts concerning this mission.

Sincerely,

JOHN BARR
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ALBERTA C. FROST
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January 1993

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NAWD/FNS Joint Statement on Quality Nutrition Services in the WIC Program

A. PURPOSE

This Statement, jointly developed by the National Association of WIC Directors (NAWD) and the Food and Nutrition Service (FNS) of the U.S. Department of Agriculture (USDA), addresses the critical importance of delivering quality nutrition services competently and professionally to WIC participants by WIC clinic personnel. This Statement sets forth standards and strategies to ensure that nutritionally at-risk women, infants and children are given the best possible opportunity to be healthy individuals. While the standards, strategies and recommendations cited in the Statement are not mandatory, the Statement establishes commitments for all parties who have endorsed it.

B. BACKGROUND

The WIC Program was created in recognition of the critical importance of nutrition in an overall national public health agenda. Its mission is to promote and maintain the health and well-being of nutritionally at-risk women, infants and young children. A carefully defined package of supplemental nutritious foods is provided to address the specific needs of participants at important stages of human growth and development. Nutrition education and counseling are provided to address both the WIC participants' immediate nutritional risk conditions and long-term goals to achieve improved dietary practices. In addition, WIC serves to link participants to other vital health care and social services that, in conjunction with improved nutrition, promote healthy lifestyles.

WIC is considered to be one of the most successful of all public health programs. A variety of national/State/local-level studies support this fact. This success is believed to be due to the collective benefits of the three-part service delivery model described above. The challenge for WIC is to ensure that participant services are delivered competently and professionally and in accordance with this model.

At each level of Program staff--administrative, health and nutrition professionals, paraprofessionals, and clerical--training, continuing education, and systems of quality assurance are essential to WIC's basic mission. The attached WIC Nutrition Services Standards[1] and companion document entitled "Ensuring the Quality of Nutrition Services in the WIC Program"[2] were jointly developed by NAWD and FNS in January 1988 and represent an important commitment to providing competent and quality services, appropriate staff training and effective quality assurance.

As an adjunct to public health, WIC's scope has expanded significantly to address pressing health and social issues that affect maternal and child well-being, such as immunizations, substance abuse, services to the homeless, referral and coordination systems with Medicaid, etc. At the same time, WIC continues to expand and experience significant participation increases.

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[1] The WIC Nutrition Services Standards were originally called the "Focus on Management (FOM) Nutrition Services Standards."

[2] This companion document describes the nutrition services provided by the WIC Program and presents specific goals and recommendations for promoting excellence in the provision of these services to WIC participants.

Increased Congressional appropriations and significant food cost savings, primarily through rebates on infant formula, have added thousands of previously unserved participants to the Program.

Increased responsibility and increased Program participation have placed additional demands on the WIC Program and the larger public health community. Current ways of managing and staffing clinic operations are being reexamined--not only in WIC, but throughout the health and medical services sector. "Triage," the practice of assigning service based on participant need, is now a commonplace practice in the public health field. Directing personnel resources and public health funds to those most in need has become a management imperative.

It is in this environment that NAWD and FNS have outlined standards and strategies to ensure the continuation of high quality nutrition and related services, while maximizing available funding, in WIC. These standards and strategies should be viewed as an enhancement of those incorporated in the WIC Nutrition Services Standards.

C. BASIC CONCEPTS

NAWD and FNS reaffirm a strong commitment to five basic operational concepts for the WIC Program discussed in the following sections.

C.1. Service Delivery Through WIC

Public health agencies have the unique function of promoting and protecting the health of the public by assessing and defining community health needs and providing leadership to meet these needs. Nutrition, as an important contributor to public health, is a major component of this health promotion effort. The WIC Program promotes the health of low income pregnant, breastfeeding, and non-breastfeeding postpartum women, infants, and children under 5 years of age by providing specific nutritious foods, nutrition education, and health care referrals. Its goal is to help WIC participants achieve and maintain optimal nutritional status. The WIC Program serves not only those with severe or chronic medical conditions, but also those at risk of developing health problems. For many nutritionally at-risk participants, WIC is an entry point into the public health care system, facilitating their access to comprehensive health care, social services and other public health services.

C.2. Nutrition Education and Counseling

Nutrition services in the WIC Program begin with an initial screening and assessment[3] of the participant's nutritional status and determination of all applicable nutritional risk conditions. Based upon this assessment, a food package is prescribed and appropriate nutrition education is provided. Certified participants should be informed as to the specific nutritional risk condition(s) qualifying them for the WIC Program.

The nutrition education component of the WIC Program is intended to address participants' specific nutritional risk conditions and to encourage positive nutrition and health habits during Program participation and after it has ended. It is a benefit offered to all WIC participants. Nutrition

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[3] For the purpose of this Statement, the term "assessment" is used to reflect the minimum nutritional assessment procedures required by Section 246.7 of the WIC regulations to determine if an applicant is eligible, based upon nutritional risk criteria, to participate in the WIC Program.

education provided should be based on the participant's needs, considering his/her nutritional status, lifestyle and interests. At a minimum, two nutrition education contacts should be made available to each participant during a certification period. For each participant identified as high-risk, nutrition education is usually provided on a one-on-one basis while nutrition education for lower-risk participants may be delivered in groups. For each high-risk participant, an individualized nutrition care plan and appropriate nutrition counseling should be provided during each certification period by a nutritionist having: a Master's Degree in nutrition or its equivalent; Registration (Registered Dietitian [R.D.]) with the American Dietetic Association (ADA); or eligibility for ADA Registration. These qualifications are consistent with those specified in WIC Nutrition Services Standard Number 9.

The quality of nutrition services would be enhanced through the involvement of nutritionists in all aspects of service delivery. In addition to nutritionists with a Master's Degree or those who are R.D.s/R.D.-eligible, nutritionists[4] with a Bachelor's Degree and WIC staff who have completed a competency-based training program can be utilized to provide a wide range of other participant-related nutrition services. When WIC staff other than nutritionists are responsible for providing nutrition services to WIC participants, a nutritionist at the State or local level should be accessable to these other staff to serve as a technical consultant on nutrition issues.

C.3. Coordination with Medical Care and Other Programs

The WIC Program has become one of the largest and most important public health programs for low income women, infants and children. It is estimated that in 1990 WIC was reaching the following percentages of all eligible participant categories: 85 percent of pregnant women; 90 percent of infants; and 40 percent of children.[5] Further, WIC is currently serving more than 40 percent of all infants born in the United States.[5] The extent to which WIC functions as an adjunct to health care depends upon the Program's ability to facilitate, through referrals, participant access to the other health and social services agencies in the community. Positive changes in diet and nutritional status have been shown to occur when nutrition services are delivered as a part of a total health care program.

To ensure integration of WIC services into the continuum of health care, joint planning is required between the WIC staff and the other maternal and child health program managers. Effective communication and coordination are needed at all stages of program development. Integration of services leads to enhanced program coordination and referrals among programs, greater continuity of care for the participants, minimal duplication of services, and more effective use of available resources. Descriptions of planned coordination between WIC and the other health and social care agencies should be included in the WIC State and local agency plans. When feasible, combining application procedures of the WIC Program with those of other programs and agencies helps to improve administrative efficiency and participant convenience.

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[4] The term nutritionist in this Statement is intended to refer to an individual who has a Bachelor's Degree from an accredited university or college with an emphasis in food and nutrition, community nutrition, public health nutrition, nutrition education, human nutrition, nutritional sciences, or their equivalents.

Note: In accordance with WIC regulations, the definition of Competent Professional Authority (CPA) may include, but is not limited to, nutritionists.

[5] Estimates were calculated by the Office of Analysis and Evaluation, FNS, USDA, 1992.

C.4. Cultural and Linguistic Considerations

The WIC Program is faced with the challenge of providing effective, quality nutrition services to people of diverse cultures. Nutrition education needs to be provided in the context of a WIC participant's ethnic and cultural preferences and language spoken. Ideally, nutrition care providers should be bilingual when serving a multi-cultural population. At a minimum, they should be knowledgeable of and sensitive to the cultural customs, traditional foods, food preparation techniques, and eating practices of the WIC participants served. When possible, Programs serving large cross cultural populations should employ nutritionists who represent those populations.

Currently, adequate numbers of nutrition care providers representing cross-cultural populations are not available to many WIC local agencies. It is recommended that NAWD, FNS and WIC agencies establish a long-term goal to explore and enact programs that will attract and recruit bilingual nutrition care providers who possess the knowledge, ability, skills and sensitivity to appropriately and effectively deliver nutrition education to participants of different ethnic and cultural backgrounds. In order to strengthen this effort, training programs for all nutrition care providers should be implemented to improve their: 1) understanding of the varied food-related beliefs, customs and behaviors of the ethnic and cultural populations WIC serves; and 2) ability to convey nutrition information and advice in a sensitive and helpful manner to these WIC participants. Nutrition education materials also must be available in the languages understood by participants and should reflect their traditional foods and customs.

C.5. Literacy Considerations[6]

The problem of illiteracy is found in all racial/ethnic groups and at all socioeconomic levels. Because of the social stigma associated with illiteracy, most illiterate people try to conceal the fact that they cannot read or do not understand what is presented to them in writing. Therefore, it is important to respond to this issue with tact, sensitivity and skill.

The problem of low literacy is also of concern. Nearly one out of five adult Americans has a reading level at or below the fifth grade level. These adults generally did not learn to read during the primary school years or lost some reading and comprehension skills as a result of limited use. It is important to avoid correlating the year of school completed with reading level, since most adults read about three grade levels below the last grade completed.

Teaching strategies and materials should be designed with consideration given to the reading and writing levels of participants. The content and the presentation of educational materials are critical to assist individuals comprehend the information and instructions needed to manage their own nutritional needs. People with very low literacy skills assimilate information that is verbal and visual rather than written. At a minimum, materials should use: simple language; short precise sentences in an active voice; and appropriate visual aids. Therefore, nutrition educators should incorporate recommendations to improve verbal, visual and written messages for persons with limited literacy skills.

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[6] Information presented in this section is based in part upon the following reference: Doak, Cecilia; Doak, Leonard G.; and Root, Jane H.: Teaching Patients With Low Literacy Skills, J.B. Lippincott Company, Philadelphia, Pennsylvania, 1985.

D. STANDARDS AND STRATEGIES FOR IMPROVED PARTICIPANT SERVICES AND EFFECTIVE QUALITY ASSURANCE SYSTEMS

NAWD and FNS subscribe to standards and/or strategies in five important program areas:

- Components of the WIC Certification
- Quality Assurance (Standards and Protocols)
- Training of Staff
- Supervision of Staff
- Availability, Recruitment and Retention of Staff

Each of these areas and corresponding standards/strategies are described in the following sections.

D.1. Components of the WIC Certification

This section of the Statement addresses the components necessary to provide quality services during a WIC certification as well as to comply with Federal regulations. Federal regulations specify the minimum requirements for a WIC certification. Generally, these requirements may be less than what WIC State and local agencies are doing to determine an applicant's eligibility for the Program and to provide WIC benefits. The identified components expand upon the Federally mandated requirements and reflect more of the intent of what a WIC certification should be from the perspective of quality assurance.

Each of the components discussed in this section is essential to the process of conducting a WIC certification and should be included during the initial and any subsequent certifications of a WIC participant. They represent the steps necessary to assess a participant's needs (which may change from one certification to the next), to determine Program eligibility, to either directly provide or arrange for the provision of appropriate services and follow-up, and to enable the participant to fully understand the purpose and benefits of the WIC Program and his/her rights and responsibilities as a WIC participant.

In order to have the greatest positive impact, all components comprising a WIC certification should occur on a timely basis appropriate to the needs of the participant. Due to the numerous and wide range of functions that must be performed by clinic staff during a WIC certification, it would be unlikely that any one person would be responsible for completing all tasks. A division of labor will most likely occur if staff resources are to be efficiently and effectively utilized.

The methods of providing information to a participant during a WIC certification may differ. The decision to convey information (verbally, in writing or in combination of these two formats) should be based on the needs of the participant and Federal requirements. The method used should be appropriate to the participant's culture, language spoken, reading or educational level and abilities, and should assist the participant in receiving full Program benefits.

Some WIC certification functions may require staff to have specialized education, training and/or experience to be performed proficiently. The WIC State and local agencies are responsible for assuring that all WIC staff are appropriately trained and can demonstrate the competencies needed for effectively performing the functions they are assigned.

The WIC certification process involves each of the following functions, including but not limited to:

- o Determination of eligibility for Program benefits, including:
  - categorical eligibility;
  - residency eligibility;
  - income/adjunctive eligibility; and
  - nutritional/medical eligibility.
- o Collection of nutritional/health data, including:
  - dietary data;
  - anthropometric and biochemical data; and
  - health/medical information.
- o Assessment of certification data and provision of services, including:
  - screening and assessing nutritional status relative to determining WIC eligibility (review of dietary/health/medical information collected);
  - identification of all nutritional risk factors;
  - identification of high-risk participants;
  - provision and documentation of individualized nutrition care plans and corresponding nutrition counseling for high-risk participants;
  - provision and documentation of appropriate nutrition education for all other participants;
  - prescription of appropriate food packages, including those individually tailored to meet nutritional needs of participants;
  - identification of the potential need for, and referral to, other health and social services; and
  - assessment of participant progress during subsequent visits.
- o Provision and documentation of the initial nutrition education contact, including explanation of the:
  - nutritional/medical risk conditions qualifying the participant for the WIC Program;
  - relationship of the participant's nutritional/medical risk criteria to Program benefits being provided;
  - relationship of diet to health; and
  - nutrition and health information relevant to the participant's category of eligibility and nutritional risk criteria, i.e., proper nutrition for infants, children, prenatals, and breastfeeding and postpartum nonbreastfeeding women.
- o Orientation to the WIC Program, including explanation of the:
  - Program's scope and the frequency and duration of participation;
  - Program's supplemental nature and that food benefits are intended for the participant for whom they were prescribed;
  - participant's priority status, as appropriate, for caseload management;
  - importance of WIC nutrition education and the need for one or more additional contacts during a participant's certification period;

- issues related to rights and responsibilities of participants, e.g., WIC clinic procedures for scheduling and keeping appointments and use of Verification of Certification (VOC) cards; and
- confidentiality issues.

o Issuance of WIC food vouchers, including the:

- explanation of proper use of food instruments;
- provision of State WIC food list; and
- provision of list of approved WIC vendors.

D.2. Quality Assurance (Standards and Protocols)

An effective quality assurance system is a continuous assessment of program planning, policies, procedures and their implementation/application to ensure and enhance the provision of quality nutrition services by all staff to WIC participants in an effective and efficient manner.[7] A quality assurance system should be an integral part of both the State and local agency operations.

Key components[8] of an effective quality assurance system include:

o Staff commitment and a thorough understanding of the benefits and processes of a quality assurance system.

o The implementation of an ongoing, continuous process which includes established written criteria and performance levels; monitoring, review, analysis and evaluation of performance and outcomes; reporting and disseminating the results; and if necessary, providing follow-up.

o Criteria which are based on established standards and protocols which define expected performance, process and outcomes. These criteria must be measurable to identify any problems or discrepancies that may exist. These standards and protocols are based on current scientific knowledge, practice and participant input/feedback, including but not limited to the WIC Nutrition Services Standards.

o Criteria that reflect all nutrition services components, including program planning, training, certification, nutrition education and counseling, follow-up, coordination, and referrals.

o Appropriate methods of evaluation for all components of nutrition services which include established time frames and the collection of objective statistics for analysis and review. Methods can include:

- WIC chart reviews and audits;
- direct observations of WIC participant care;

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[7] Statement is based upon a definition of an effective quality assurance system in the following reference: Owen, Anita Y. and Frankle, Reva T.: Nutrition in the Community: The Art of Delivering Services, 2nd edition, Times Mirror/Mosby College Publishing, St. Louis, Missouri, 1986, p. 135.

[8] The list of key components was based in part on the following reference Kaufman, Mildred: Nutrition in Public Health: A Handbook for Developing Programs and Services, An Aspen Publication, Rockville, Maryland, 1990.

- WIC professional and paraprofessional peer reviews, discussions and information sharing;
- feedback from participants and evaluations of local agency nutrition education efforts;
- evaluations of staff training activities and programs; and
- use of the Patient Flow Analysis.

o Review of evaluation results that are reported and disseminated in a timely and appropriate manner.

o Follow-up and revisions in operations and systems that incorporate and utilize positive approaches to resolve identified problems and improve services. Positive approaches include, but are not limited to, providing in-service training and continuing education, holding problem-solving discussions and reviewing the identified financial needs.

D.3. Training of Staff

The training of all staff who perform WIC certification procedures and provide nutrition education is vital to assuring quality WIC services. The WIC Nutrition Services Standard Number 10 addresses the importance of a documented training plan for "State and medically trained paraprofessionals" who perform certifications and/or provide nutrition education. Since the education and work experience of all staff in local agencies varies, it is recommended that this standard be applied to all staff who perform certification activities.

Use of competency-based training programs (CBTPs) is one method to enable staff to achieve the minimum knowledge, skills, affective behavior and/or attitudes needed to carry out a set of tasks. Since the tasks involved in the certification process are fairly standard among WIC Programs, the skills needed to carry out these tasks can be identified. Therefore, it is recommended that a CBTP be the training method of choice in the WIC Program. It is expected that all staff assigned WIC certification duties will successfully complete a CBTP before performing such duties. In addition, it is recommended that NAWD and FNS facilitate the sharing of effective CBTPs for WIC staff developed by State agencies.

It is further recommended that NAWD and FNS undertake the development of CBTP modules for WIC staff. These training modules would be available to all States which would elect to implement them. It is also recommended that these modules be submitted to professional organizations (e.g., American Dietetic Association [ADA], American Nurses Association [ANA], the American Home Economics Association [AHEA] and the International Board Certified Lactation Consultants [IBCLC]) for approval so that staff completing them would be eligible to receive continuing education credits.

Continuing education is an important element of an on-going training program for all staff performing WIC certifications and providing nutrition education to participants. Quality continuing education is a means of maintaining and improving staff competence once initial training has been completed. It is recommended that a State's WIC training program include annual continuing education and documentation of training requirements.

D.4. Supervision of Staff

Supervision and ongoing evaluation of WIC staff are crucial to ensuring that State and local agencies are providing timely and quality services to Program participants. State WIC standards of care and WIC employee performance standards should be the basis on which quality services are evaluated.

Components necessary to ensure qualified WIC staff should include:

- Developing staff position descriptions which clearly reflect major WIC duties.
- Developing job-specific selection criteria on which employment is based.
- Developing measurable performance standards that reflect State standards of participant care.
- Developing and implementing a staff development/training program, based on State standards of performance.

Once qualified WIC staff are hired and trained, supervision should be provided on a continual basis. A health professional, preferably a nutritionist, should be responsible for the direct supervision of WIC staff in the area of participant care. In certain circumstances where direct supervision may not be currently obtainable, this level of supervision of WIC staff should be the long-term goal.

States should establish standards of care to be the basis on which quality staff performance is measured. Methods of measuring staff performance should include the same ones as cited under Section D.2. Quality Assurance (Standards and Protocols) concerning the evaluation of all components of WIC nutrition services. (See pages 7 and 8 for the list of components.)

Findings and recommendations should be documented in a timely manner. Recommendations should include activities, responsibility levels and time frames for completion.

D.5. Availability, Recruitment and Retention of Staff

The WIC Program's increasing need for qualified staff is commensurate with escalating WIC participation. According to FNS data, the year-to-date monthly average WIC participation for Fiscal Year 1992 through April 1992 was more than 5.3 million.[9] WIC State agencies provide and maintain quality nutrition services by providing an environment where staff are appropriately selected, trained and supported. Opportunities for ongoing training, job advancement, challenging staff with broader opportunities, and equitable salaries are all important considerations in recruiting and retaining qualified WIC staff.

Assurances of competent staff are addressed under Sections D.3 Training of Staff (which stresses the use of competency-based training programs) and D.4 Supervision of Staff (which stresses the use of job descriptions and performance standards and the need for appropriate staff supervision).

Competency-based training will provide all staff with the tools they need to be successful in providing quality services to WIC participants. However, the availability of nutritionists is of particular concern to WIC. The need for nutritionists is critical not only in their role as direct service providers, but as managers of WIC clinic operations and staff.

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[9] The data source is: U.S. Department of Agriculture, Food and Nutrition Service, Program Analysis and Monitoring Branch, Supplemental Food Programs Division: WI-145 Report, April 1992.

FNS and each State WIC Program has the responsibility to recruit, employ, train and support staff who can provide quality nutrition services to the WIC population. The following list of issues[10] relates to the availability, recruitment and retention of nutritionists for maternal and child health services. These issues are:

- An insufficient number of nutritionists to meet State and local agency demands.
- Uneven distribution of nutritionists across the nation. Hence, agencies with vacancies--especially those in remote areas--may experience difficulty in recruiting appropriate personnel.
- Insufficient number of nutritionists representing the diverse cross section of cultures represented by WIC participants.
- Noncompetitive salaries for nutritionists which make it difficult to recruit and retain qualified individuals.
- Limited opportunities for career advancement and upward mobility for nutritionists in public health.
- Too few readily accessible traditional and nontraditional training programs (e.g., off-campus and regional educational degrees) to upgrade the educational credentials of nutritionists who are currently employed.
- Limited organized network to market public health and maternal and child nutrition as a challenging career option for consideration by high school and college students.

These issues represent long-term problems that cannot be solved without the collective efforts of educational institutions, professional nutrition and health associations and employers. Recognizing that the WIC Program has a vested interest in the present and future availability of qualified staff, NAWD and FNS have jointly identified the following possible strategies for affecting improvement related to these issues:

- WIC State and local agencies need to identify possible incentives to attract, recruit and retain nutritionists.
- WIC State and local agencies should reexamine their present staffing patterns and reorganize where appropriate in order to more effectively and efficiently utilize current staff and provide professionally challenging experiences for them.
- When applicable, management of WIC State and local agencies should involve their staff in the decision-making process to allow staff to feel that they are a part of the team process.
- As appropriate, WIC State and local agencies should provide opportunities for upward mobility for current staff to enable them to grow professionally, to improve their skills, and to reward competent job performance.

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[10] This list was adapted from a similar list cited in the following reference: Kaufman, Mildred: "Personnel for Delivery of Nutrition Services" in Call to Action: Better Nutrition for Mothers, Children, and Families, National Center for Education in Maternal and Child Health, Washington, D.C., 1990, pp. 271-288.

- WIC State and local agencies should establish procedures to formally acknowledge competent performance of all staff.

- FNS and WIC State agencies should establish contacts at high schools, colleges and universities to promote WIC as a potential employer. The involvement of WIC and FNS staff with "mentoring" programs associated with these educational institutions may be one way students could become more aware of possible nutrition- and other health-related careers in the WIC Program.

- NAWD and FNS should jointly collaborate with professional nutrition and health associations, such as ADA, ANA, AHEA and the Association of State and Territorial Public Health Nutritionist Directors (ASTPHND), to market careers in public health and nutrition and explore nontraditional training programs. The significance of the public health experience in the WIC Program merits serious consideration by ADA (and its appropriate practice groups). The ADA Coordinated Undergraduate Program (CUP) for college dietetic students and the Dietetic Internship and Approved Preprofessional Practice Program (AP4) for nutritionists provide avenues for individuals to obtain valuable WIC experience while pursuing dietetic registration.

E. CONCLUDING COMMENTS

To improve nutrition services to WIC participants, this Statement has included several recommendations both for NAWD and FNS collaboration and for WIC State and local agencies to independently pursue. Work is already underway to address collaborative actions of NAWD and FNS cited in this Statement. At the same time, WIC State and local agencies should develop strategies to implement the additional activities recommended in the Statement which are relevant to their respective program operations.

The Statement is an expression of the commitment of NAWD and FNS to work together to ensure that quality nutrition services are provided to all WIC participants, considering their needs based upon nutritional risk criteria, lifestyles, ethnic and cultural backgrounds, languages spoken and interests. It builds upon the WIC Nutrition Services Standards, which were jointly developed by NAWD and FNS in 1988, and sets forth goals and expectations as to how nutrition services should be planned and delivered.

Similar to the WIC Nutrition Services Standards, the Statement reinforces the objectives of the WIC Program rather than reiterating the minimum Federal requirements. Although not regulatory in nature, the Standards and the Statement represent a shared commitment among Federal, State and local WIC partners as to how the WIC Program should be operated to deliver quality nutrition services to nutritionally at-risk women, infants and children.

It is understood that the Standards and the Statement are not mandatory unless specific Federal statutory or regulatory requirements are involved. Further, the Statement may imply resource commitments that, in the short term, may be difficult to meet. Concomitantly, all staff involved in the delivery of WIC services should strive to achieve the standards and implement the strategies and recommendations NAWD and FNS have jointly developed and endorsed. Such a commitment is essential to the important public health mission the WIC Program has been given and WIC staff have worked so hard to attain.

Attachments: WIC Nutrition Services Standards
"Ensuring the Quality of Nutrition Services in the WIC Program"

CITED REFERENCES

Consolidation of WIC Regulations, Federal Register, Part 246--Special Supplemental Food Program for Women, Infants and Children, U.S. Department of Agriculture, Food and Nutrition Service, September 1990.

Doak, Cecilia; Doak, Leonard G.; and Root, Jane H.: Teaching Patients With Low Literacy Skills, J.B. Lippincott Company, Philadelphia, Pennsylvania, 1985.

Kaufman, Mildred: Nutrition in Public Health: A Handbook for Developing Programs and Services, An Aspen Publication, Rockville, Maryland, 1990.

Kaufman, Mildred: "Personnel for Delivery of Nutrition Services" in Call to Action: Better Nutrition for Mothers, Children, and Families, National Center for Education in Maternal and Child Health, Washington, D.C., 1990, pp. 271-288.

Owen, Anita Y. and Frankle, Reva T.: Nutrition in the Community: The Art of Delivering Services, 2nd edition, Times Mirror/Mosby College Publishing, St. Louis, Missouri, 1986, p. 135.

U.S. Department of Agriculture, Food and Nutrition Service, Supplemental Food Programs Division, Program Analysis and Monitoring Branch: WI-145 Report, April 1992.

WIC Nutrition Services Committee, National Association of WIC Directors and U.S. Department of Agriculture, Food and Nutrition Service: "Ensuring the Quality of Nutrition Services in the WIC Program," January 1988.

WIC Nutrition Services Committee, National Association of WIC Directors and U.S. Department of Agriculture, Food and Nutrition Service: "WIC Nutrition Services Standards," January 1988.

ADDITIONAL RESOURCES

Cross-Cultural Counseling and Educational Strategies

Randall-David, Elizabeth: Strategies for Working With Culturally Diverse Communities and Clients, The Association for the Care of Children's Health, Washington, D.C., 1989. (This publication was produced under a grant from the Bureau of Maternal and Child Health and Resources Development, U.S. Department of Health and Human Services.)

U.S. Department of Agriculture and U.S. Department of Health and Human Services: Cross-Cultural Counseling: A Guide for Nutrition and Health Counselors, (FNS-250), U.S. Government Printing Office, Washington, D.C., September 1986.

Delivery of Quality/Nutrition Services

Brennan, Ruth E. and Traylor, Mary Nelle: "Components of Nutrition Services" in Call to Action: Better Nutrition for Mothers, Children, and Families, National Center for Education in Maternal and Child Health, Washington, D.C., 1990, pp. 243-255.

Developing Educational Materials For a Low-Literacy Audience

Nitzke, Susan; Shaw, Anne; Pingree, Suzanne; and Voichick, S. Jane: Writing for Reading: Guide for Developing Print Materials in Nutrition for Low Literacy Adults, Department of Agricultural Journalism, University of Wisconsin-Madison, Madison, Wisconsin, 1986.

Ross Laboratories: "Nutrition Education Opportunities: Strategies To Help Clients With Limited Reading Skills," in the Proceedings of the Second Ross Roundtable on Current Issues in Public Health, Columbus, Ohio, 1989.

Smith, S. and Alford, B.: "Literate and Semi-literate Audiences: Tips for Effective Teaching," Journal of Nutrition Education, 20:238B, 1988.

U.S. Department of Agriculture, Food and Nutrition Service: Guidelines: Writing For Adults With Limited Reading Skills, U.S. Government Printing Office, Washington, D.C., 1989.

Zimmerman M.; Newton; M. Frumin; C., and Wittet, S.: Developing Health and Family Planning Print Materials for Low Literacy Audiences: A Guide, Program for Appropriate Technology in Health, Seattle, Washington, 1989.

Nutrition Education Materials (considering literacy level)

U.S. Department of Agriculture, National Agricultural Library, Food and Nutrition Information Service, and the Food and Nutrition Service: Nutrition Education Resources Guide: An Annotated Bibliography of Education Materials for the WIC and CSF Programs-1991, Bibliographies and Literature of Agriculture Number 92, Beltsville, Maryland, 1991.

Pretesting/Evaluating/Marketing Nutrition

Massachusetts WIC Program: E.M.P.O.W.E.R. (Evaluate Materials to Promote Optimal Use of WIC Education Resources), Massachusetts Department of Health, Boston, Massachusetts, 1985.

Kerwin, Diane R.: "Marketing Nutrition Programs and Services," in Nutrition in Public Health, Mildred Kaufman, editor, Aspen Publications, Rockville, Maryland, 1990, pp. 297-311.

U.S. Department of Agriculture, Food and Nutrition Service: The WIC Exchange: Ideas To Help Nutrition Educators Help Clients, (FNS-267), U.S. Government Printing Office, Washington, D.C., October 1990.

U.S. Department of Agriculture, Food and Nutrition Service: WIC Evaluation Resource Guide, (FNS-277), U.S. Government Printing Office, Washington, D.C., September 1991.

U.S. Department of Health and Human Services, Office of Cancer Communications, National Cancer Institute: Making Health Communication Programs Work: A Planner's Guide, NIH Publication Number 92-1493, Bethesda, Maryland, April 1992.

U.S. Department of Health and Human Services, Public Health Service, National Institutes, and National Cancer Institute: Pretesting in Health Communications, NIH Publication Number 84-1493, U.S. Government Printing Office, Washington, D.C., January 1984.

Public Health Nutrition Personnel

Dodds, Janice M. and Kaufman, Mildred, editors: Personnel in Public Health Nutrition for the 1990s: A Comprehensive Guide, Washington, D.C., August 1991. (This publication was produced under a joint grant from the Center for Chronic Disease Prevention and Health Promotion and the Maternal and Child Health Bureau of the Health Resources and Services Administration.)

Dodds, Janice M. and Kaufman, Mildred, editors: Personnel in Public Health Nutrition: A Summary Guide for Personnel Administrators, Washington, D.C., August 1991. (This publication was produced under a joint grant from the Center for Chronic Disease Prevention and Health Promotion and the Maternal and Child Health Bureau of the Health Bureau Resources and Services Administration.)

Quality Assurance Criteria and Performance Levels

Kaufman, Mildred, editor: Guide to Quality Assurance in Ambulatory Nutrition Care, The American Dietetic Association, Chicago, Illinois, 1983.

Wooldridge, Nancy H. and Joyner, Gaye: "Quality Assurance," in Call to Action: Better Nutrition for Mothers, Children, and Families, National Center for Education in Maternal and Child Health, Washington, D.C., 1990, pp. 257-270.

Staff Training

Sulivan, R; Wircenski, J.; Arnold, S. and Sarkees, M.: The Trainers' Guide A Practical Manual For the Design, Delivery and Evaluation of Training, Aspen Publications, Rockville, Maryland, 1990.

U.S. Department of Agriculture, Food and Nutrition Service: Paraprofessionals in the WIC Program: Guidelines for Developing a Model Training Program, (FNS-269), U.S. Government Printing Office, Washington, D.C., 1991.

Werner, David: Where There Is No Doctor, The Hesperian Foundation, Palo Alto, California, 1992.

Werner, David and Bower, Bill: Helping Health Workers Learn, The Hesperian Foundation, Palo Alto, California, 1982.

Wlodkowski, Raymond J.: Enhancing Adult Motivation To Learn, Jossey Bass Publishers, San Francisco, California, 1985.

WIC Nutrition Services Standards

Introduction

The WIC Nutrition Services Standards (NSS) were established for two reasons:

1. To provide State WIC directors and nutritionists with a method for evaluating the quality of nutrition services in their programs and

2. To encourage States to use their evaluation information to improve nutrition services in their programs.

The 12 standards apply to these nutrition services components:

Nutrition/Health Assessment
Nutrition Services Plan
Nutrition Education
Qualifications and Roles of Nutritionists
Nutrition Staff Training
Food Packages

The standards do not repeat Federal regulations. The regulations prescribe nutrition services to be offered, but do not describe the quality of those services nor how they are to be evaluated.

The NSS describe quality nutrition services, not the level of services currently being provided by the States. By using the standards to evaluate their nutrition services, State directors and nutritionists can decide which components of their nutrition services program need improvement. They can plan for change and work toward meeting the standards over time. Since each is at a different starting point, States are not expected to meet all standards by a specific time.

The Food and Nutrition Service (FNS) and the National Association of WIC Directors (NAWD) will help States work toward meeting the Nutrition Services Standards. They will provide opportunities at national and regional WIC conferences for States to share information about NSS and other initiatives.

Regional FNS offices will also be available to help States improve their nutrition services. Regional nutritionists will provide guidance and technical assistance in nutrition services and specifically in developing the State nutrition education plan.

State directors and nutritionists are responsible for working toward and meeting standards; for

example, by helping local agencies improve their services. (In these standards, local agency means an agency providing direct WIC services.)

FNS and NAWD will determine when to revise the Standards. Revisions will reflect changes in Federal regulations or funding and in nutrition research findings that indicate revision is needed.

STANDARD 1: NUTRITION/HEALTH ASSESSMENT

The State agency has documented nutrition risk criteria referenced as necessary by current scientific research which are applied consistently by all local agencies in the State. (This standard represents an expansion of NAWD "Guidelines to States in Establishing Nutritional Risk Standards" and Caseload Management Standard A.2.)

Assessment of Standard 1:

a. The State agency has nutrition risk criteria for eligibility which:

- Are based on current authoritative references from scientific literature.

- Are documented when atypical[1] nutrition risk criteria or nutrition risk levels are used.
- Demonstrate coordination with other health programs and private medical practice (e.g., ACOG, AAP, EPSDT, and MCH).
- Use objective clinical indicators (e.g., laboratory values).
- Indicate priority level.

b. The State agency establishes statewide standard high-risk criteria to identify high-risk[2] participants, including:

- Participant category and type.
- Qualifying medical/nutrition risk.

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[1] Atypical risk criteria or risk levels are those that differ from those used by most State WIC Programs.

[2] High-risk participants are those with a health risk that has been identified as one of the States' high-risk criteria. These clients shall receive one nutrition education contact with a qualified nutritionist (i.e., Registered Dietitian, Registration-eligible or master's degree; See Standard 9.) and the nutritionist will develop and document a nutrition care plan for these clients.

c. The State agency establishes policies for the use of "regression" as a nutrition risk, including:

- A requirement for a nutritional assessment to rule out the existence of current risk factors before basing eligibility on regression.
- A requirement for written identification of the risk factor to which the participant may regress.
- A list of risk factors and priority levels for which eligibility based on regression can be applied.
- A limit on the number of times regression can be consecutively applied.
- An evaluation of the use of regression as part of local agency monitoring.

d. The State agency includes alcohol intake, drug use, and nicotine use as nutrition risk criteria assuring that:

- The level of use considered a risk is established in accordance with current medical and health authorities and research.
- Standard procedures are utilized in local agencies in assessing alcohol, drug, and nicotine use.
- Procedures are in place for referral for substance abuse services when these services are available in the service area.

e. The State agency provides local agencies with written procedures for documenting the nutrition risk assessment in the participant file.

STANDARD 2: NUTRITION/HEALTH ASSESSMENT

The State agency has standardized dietary assessment procedures based on current practice which are utilized consistently by all local agencies in the State.

Assessment of Standard 2:

a. The State agency assures that local agencies use a uniform statewide dietary assessment tool for determining dietary risk for all participants which includes:

   - Food Frequency when dietary risk is the only eligibility factor[3].

   - Analysis of diet based on professionally recognized guidelines (e.g., RDA, AAP, and U.S. Dietary Guidelines for Americans).

   - Specific statewide criteria for evaluating dietary adequacy to determine eligibility.

b. The State agency documents the rationale for dietary adequacy standards.

c. The State agency has standardized procedures for documenting the dietary risk assessment in the participant file.

d. The State agency approves or provides training for local agency staff on collecting, analyzing, and documenting dietary assessment data.

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[3] A three-day food record may be substituted for the food frequency.

STANDARD 3: NUTRITION/HEALTH ASSESSMENT

The State agency has standardized anthropometric and biochemical assessment procedures based on current practice which are utilized consistently by all local agencies in the State.

Assessment of Standard 3:

a. The State agency approves or provides criteria to local agencies on all equipment used for anthropometric measurements and biochemical analyses.

b. The State agency establishes standards and frequency of calibration and certification of anthropometric and hematological equipment in local agencies and monitors for compliance.

c. The State agency approves or provides competency-based training[4] for local agency staff in collecting, reading, interpreting and documenting anthropometric and biochemical data.

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[4] Competency-based training requires that the trainee demonstrates competency in skills learned during training before she/he practices as a Competent Professional Authority (CPA).

STANDARD 4: NUTRITION EDUCATION

The State agency has standard policies for all nutrition education contacts which include type and number of contacts appropriate for participants' risk status.

Assessment of Standard 4:

a. The State agency assures that the nutrition education contact (provided via individual or group session) includes verbal communication[5] between local agency staff and participants.

b. The State agency develops guidelines for nutrition education contacts provided to all participants which include, but are not limited to:

   - The qualifications of staff providing education.

   - Policies for rescheduling missed nutrition education appointments.

   - The provision of appropriate nutrition education based on participants' individual nutritional needs, socioeconomic status, food preferences, cultural values and resources available and addresses the area of greatest risk first.

   - The development of an individualized care plan and availability of at least one nutrition education contact per certification period by a qualified nutritionist (as defined in Standard 9) for all high-risk WIC participants.

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[5] Verbal communication includes individual or group interaction between WIC staff and participants such as discussions, summaries, and question and answer periods about nutrition information provided in newsletters and printed materials, on bulletin boards and displays, and in audiovisuals when these materials are used in nutrition education.

- Referral for appropriate health, social and education services.

- Documentation requirements to include: record of date of contact; other appropriate data such as the result of nutritional, cultural, socioeconomic assessments; and the nutrition information provided to participants including nutrition goals, referrals, and planned follow-up.

STANDARD 5: NUTRITION EDUCATION

The State agency has standard evaluation procedures for monitoring the nutrition education provided in local WIC agencies.

Assessment of Standard 5:

a. Through observation of an adequate sample[6] of staff providing nutrition education in the local agency, the State agency evaluates the following factors:

- Accuracy and appropriateness of nutrition information.
- Assessment of no-show rate for nutrition education.
- Assessment of the educational environment such as noise, distractions, privacy and space.
- Participant readiness for the educational process and involvement in goal setting.
- Appropriate use of teaching aids.
- Appropriate referrals for health, social, or educational services.

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[6] An adequate sample is a number large enough to realistically represent the quality of nutrition education provided by the local agency.

b. Through participant record review, the State agency ensures compliance with policies for nutrition education and documentation by evaluating the following factors:

- Adherence to State standards for qualifications of staff providing nutrition education.
- Effectiveness of system for rescheduling missed nutrition education appointments.
- Compliance with State agency definition of appropriate nutrition education contacts.
- Plan for and provision of appropriate follow-up services (e.g., recheck hematocrit and recheck anthropometrics).
- Adherence to State agency documentation requirements. (See Standard 4.)

STANDARD 6: NUTRITION EDUCATION

The State agency promotes the use of appropriate, quality and accurate nutrition education materials.

Assessment of Standard 6:

a. The State agency requires that nutrition education materials used in the WIC Program are evaluated using approved evaluation criteria.

b. The State agency has written criteria or approves written criteria used by local agencies (e.g., an evaluation checklist or standardized evaluation tool) to ensure that the content, reading level and graphic design of nutrition education materials used in the WIC Program are appropriate for WIC clients.

c. The State agency disseminates results of any State evaluations of nutrition education materials and makes recommendations regarding intended use of approved materials.

STANDARD 7: NUTRITION SERVICES PLAN

The State agency develops and updates annually a WIC nutrition services plan that includes a needs assessment, long-term and short-term goals and objectives, and an evaluation component as part of the State plan.

Assessment of Standard 7:

a. The State agency establishes a system of data collection to assess State needs which includes participant profile data (i.e., risk criteria usage and priority levels served) and any one or more of the following:

- Yearly review of State status in regard to Focus on Management objectives.
- Results from local agency monitoring.
- CDC pediatric and prenatal nutrition surveillance data.
- Cost-effectiveness of nutrition services data.
- State-generated health outcome data (e.g., vital statistics, WIC and MCH).
- Medicaid data.
- Migrant and/or Indian Health Service data.
- State-generated maternal and child health data.
- Federal data (e.g., USDA food consumption data and DHHS-NHANES).
- Health risk behavior data.
- Current nutrition research.
- Staff/participant ratios data.
- WIC evaluation research.

- Referral and outreach data.

- Staff and participant input (e.g., personnel needs assessment, program evaluation and participant view questionnaires).

- Patient flow analysis.

b. The State agency develops time-specified and measurable nutrition service goals and objectives which:

- Demonstrate coordination with State maternal and child health services, public health agency nutrition services, and other health and social service programs.

- Demonstrate integration of local agency nutrition education plans with the State nutrition education plan.

- Reflect the State needs assessment.

- Promote the preventive-health and health-promotion aspect of the program.

- Address the specific needs of high-risk participants.

c. The State agency evaluates long-term and short-term nutrition services goals and objectives every year.

STANDARD 8: NUTRITION SERVICES PLAN

The State agency assures that local agencies develop an annual nutrition education plan to include a needs assessment, goals, objectives, action plans, and an evaluation component.

Assessment of Standard 8:

a. The State agency provides guidance and technical assistance to local agencies regarding development of the local agency nutrition education plan.

b. The State agency reviews and evaluates all local agency nutrition education plans and provides results of evaluation to local agencies within four months of receipt of the plans.

c. The State agency monitors local agencies' progress toward achieving the goals and objectives in their nutrition education plans.

STANDARD 9: QUALIFICATIONS AND ROLE OF THE NUTRITIONIST

The State agency assures that a qualified nutritionist provides WIC services and that the role of the WIC nutritionist is defined.

Assessment of Standard 9:

a. The State agency meets or exceeds the Federally-mandated qualifications for the State WIC nutrition coordinator.

b. The responsibilities of the State WIC nutrition coordinator(s) have been defined to include at a minimum:

- Provision or coordination of direct nutrition services to participants with nutrition problems.
- Provision of expert technical assistance and consultation in areas of nutrition to local and State agency staff and other health professionals.
- Provision of nutrition education in-services/training.
- Program planning and evaluation, including the development of an annual State nutrition services plan.
- Coordination of nutrition services needs assessment.
- Participation in, or coordination of, the development of nutrition risk criteria.
- Participation in, or coordination of, the development of policies, procedures, or guidelines in nutrition service areas (e.g., nutrition assessment, nutrition education and the WIC food packages).

c. The State agency requires that all local agencies have access to the services of a qualified nutritionist, either part-time or full-time, on contract, provided by another program, or a volunteer to do high-risk counseling.

The State establishes qualifications for the local WIC nutritionist providing high-risk counseling to include at a minimum:

- Master's degree from an accredited university with an emphasis in any of the following: food and nutrition, community nutrition, public health nutrition, nutrition education, human nutrition, nutritional sciences, or their equivalents.

or

- Registration with the American Dietetic Association (Registered Dietitian (R.D.)) or eligible for registration.

This nutritionist will provide nutrition education to high-risk participants (see Standard 1.) including formulating and documenting individualized nutrition care plans.

d. The State agency establishes minimum standards for participant/nutritionist ratios.

e. The State agency delineates the responsibilities of the local nutritionist to include, at a minimum:

- Coordination of direct nutrition services to participants.

- Provision of technical assistance and consultation regarding nutrition services to local agency staff and other health professionals.

- Provision of nutrition in-services/training.

- Program planning and evaluation, including development of the annual local nutrition education plan.

STANDARD 10: NUTRITION STAFF TRAINING

The State agency assures through training that competent staff perform certification procedures and provide nutrition education.

Assessment of Standard 10:

a. State agencies using "State or local medically trained" paraprofessionals to perform certifications and/or provide nutrition education have a documented training plan which includes:

- Delineation of minimum qualifications for trainees.
- Training on certification, nutrition principles, and communication and counseling skills.
- Standard training curriculum.
- Training schedule, include continuing education requirements.
- Guidelines for referral of participants to a health/nutrition professional for in-depth nutrition intervention/education.
- Description of supervision of paraprofessionals' performance.
- Documentation of completion of competency-based[7] training.
- An evaluation component.

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[7] Competency-based training requires that the trainee demonstrates competency in skills learned during training before she/he practices as a Competent Professional Authority (CPA).

b. The State agency formulates plans for continuing education for professionals performing certifications or providing nutrition services to include:

- Assessment of training/education needs.
- Plans for provision of training and continuing education, including training on certification procedures.
- Documentation of actual provision of training through State agency or other resources.
- Plans for assuring access to current pediatric and maternal health research and application (i.e., dissemination of research articles, newsletters and conference announcements).
- An evaluation component.

STANDARD 11: FOOD PACKAGE

The State agency has uniform policies and guidelines for food package tailoring in accordance with current authoritative medical and health information. (This standard represents an expansion of FOM Caseload Management Standard C.1. and C.2.)

Assessment of Standard 11:

a. The State agency has written documentation of food package policies, including its rationale for these policies.

b. The State agency has food package policies addressing issues such as the following:

   - Participation in other child nutrition programs.

   - Tailoring of the WIC food package based on chronological age, developmental age, individual preference, dietary practice and nutrition risk.

   - Issuance of whole cow's milk to infants.

   - Issuance of low-iron and special formulas.

   - Tailoring the WIC food package for participant subgroups, such as adolescents, breastfeeding infants and participants with specific nutrition risks (e.g., underweight, overweight, hypercholesterolemia, anemia, or other).

c. The State requires that local agencies obtain State agency approval for any local food package policies.

STANDARD 12: FOOD PACKAGE

The State agency has policies and procedures for authorizing WIC foods which are based on cost, availability, nutritional value, and participant acceptance. (This standard represents an expansion of the FOM Caseload Management Standard C.3.)

Assessment of Standard 12:

a. The State agency considers the following when making decisions about authorizing WIC foods:

- Nutritional value of specific foods.
- Participant acceptance.
- Cost of WIC foods.
- Statewide availability of WIC foods.

b. The State agency formulates written specifications, including a rationale for the selection of WIC-authorized foods whenever State nutrient or other content requirements are more restrictive than Federal regulations.

ENSURING THE QUALITY OF NUTRITION SERVICES IN THE WIC PROGRAM

WIC NUTRITION SERVICES COMMITTEE

JANUARY 1988

Executive Summary

This document describes the nutrition services provided by the WIC Program and presents specific goals and recommendations for providing quality nutrition services in WIC. It was developed by the WIC Nutrition Services Committee which included nutrition representatives from WIC state agencies; U.S.D.A., Food and Nutrition Service; the Association of State and Territorial Public Health Nutrition Directors; Department of Health and Human Services; and Food Research and Action Center. This paper is also intended to be a companion document to the Nutrition Services Standards developed by the Committee as a fourth component of U.S.D.A.'s "Focus on Management" initiative.

The WIC Program is unique among Federal food programs because it not only provides nutritious foods which are tailored to individual needs, but also provides nutrition education and referrals to the health care system.

The goal of nutrition services in the WIC Program is to promote health by achieving and maintaining optimal nutritional status in the population served. Because of its unique design, nutritionists in the Program at both the state and local levels have a variety of job responsibilities which include:

1. Assuring adherence to regulatory requirements for providing nutrition education.

2. Managing nutrition services in the WIC Program.

3. Developing Program policies related to nutrition education, nutritional risk, and WIC food packages.

4. Marketing nutrition services to promote the importance of nutrition services in the WIC Program.

Specific goals and recommendations to promote excellence in WIC nutrition services identified by the Committee are:

Goal #1. To ensure the provision of quality nutrition services to WIC participants by qualified staff.

Recommendations include establishing guidelines for staff qualifications, staffing ratios, and provision of staff training.

Goal #2. To emphasize the health promotion and disease prevention aspects of the WIC Program.

Recommendations include emphasizing health promotion as part of WIC counseling, promoting breastfeeding, establishing guidelines or standards of care for maternal nutrition which are shared among all health professionals, and incorporating efforts to reduce substance abuse during pregnancy.

Goal #3. To increase the participant's ability to understand and meet his or her nutritional needs during and after Program participation.

Recommendations focus on preparing participants to maintain good nutritional status and behaviors after they no longer participate in WIC.

Goal #4. To strengthen integration, collaboration, and coordination efforts at the local, state and national levels.

Recommendations are directed toward coordinating and integrating WIC with other health and social services, facilitating referrals among programs, establishing advisory groups, and participating actively in coalitions and groups which share interests in maternal and child health.

Supporting rationale accompany each goal and pertinent references are cited.

INTRODUCTION

The "Focus on Management" (FOM) concept was proposed by USDA as a way to develop standards to measure the efficiency and effectiveness of certain areas of the WIC Program. FOM standards have been developed for three areas: 1) Administrative Cost Management, 2) Caseload Management, and 3) Vendor Management. On July 15, 1986, the Executive Committee of the National Association of WIC Directors (NAWD) voted to develop standards for the provision of WIC nutrition services. This constituted a fourth area of study in the "Focus on Management" series. The inclusion of nutrition services in this "Focus on Management" effort is important in that nutrition services are an integral part of the WIC Program and are not fully covered by the initial three "Focus on Management" areas.

In September 1986, the WIC Nutrition Services Committee was formed so that the nutrition services component of the FOM initiative could be developed. The committee included representatives from the NAWD regions, Indian state agencies, Food and Nutrition Service (FNS), Association of State and Territorial Public Health Nutrition Directors (ASTPHND), Department of Health and Human Services (DHHS), and Food Research and Action Center (FRAC). The group met in Atlanta in November 1986 to review current nutrition practices in the WIC Program and to plan the nutrition services component of the FOM initiative. The committee then prepared two documents: A paper entitled "Ensuring the Quality of Nutrition Services in the WIC Program" and the FOM Nutrition Services Standards.

The purpose of the paper is to describe the nutrition services provided by the WIC Program and to present specific goals and recommendations for providing quality nutrition services in WIC. It has been prepared for use by WIC personnel, USDA personnel, public health professionals, and legislators.

The paper is divided into two parts. Part I, "An Overview of the WIC Program," describes the history of the Program and why it is unique among other Federally funded food programs. The nutrition services provided by WIC nutritionists are then described in detail. Part II, "Goals and Recommendations," presents specific goals of nutrition services in the WIC Program, along with recommendations for the achievement of each goal. References cited throughout Parts I and II are also listed.

The standards of practice for quality nutrition services in the WIC Program are presented in a separate document. These standards are consistent with the goals and recommendations of the policy paper and form the nutrition services component of the WIC "Focus on Management" initiative.

PART I: AN OVERVIEW OF THE WIC PROGRAM

The WIC Program was conceived in the early 1970's when Congress found substantial numbers of low income pregnant, postpartum, and breastfeeding women, infants, and children to be at special risk with respect to their physical and mental health due to inadequate nutrition or health care, or both. The WIC Program was initiated to provide supplemental foods and nutrition education to eligible persons. The supplemental foods are intended to improve the diets of individuals. Nutrition education is intended to foster long-term use of WIC foods and to encourage positive nutrition and health habits after participation has ended.

Legislation states that the WIC Program shall "serve as an adjunct to good health care during times of critical growth and development in order to prevent the occurrence of health problems and improve the health status of eligible persons" (1). To enable the WIC Program to accomplish this goal, it must serve not only those with severe or chronic medical conditions, but also those at risk of developing health problems.

The WIC Program is administered by the U.S. Department of Agriculture, Food and Nutrition Service (FNS). Within FNS, the Supplemental Food Programs Division and its affiliated regional offices are responsible for Program administration. In turn, each state has a state WIC office, or state agency, which administers the Program for that state. Within each state are the local agencies which are public or private nonprofit health or human service agencies which provide or make available health services, including WIC nutrition services, for a particular geographic area in that state. As of September 1987, there were approximately 1600 projects, made up of 8000 clinic sites and serving 3.5 million participants. The state agency is required to provide guidance to local agencies on all aspects of Program operations.

WIC: Unique Among Food Programs

The WIC Program is unique among Federal food programs in several ways. Unlike other Federal food programs, the WIC Program not only provides specific nutritious foods, which are tailored to the individual's needs for optimal growth and development, but also provides nutrition education and referrals to the health care system. Another difference is that eligibility is not based on income criteria alone; the applicant must also meet state residency requirements and be categorically eligible as a pregnant, breastfeeding, or postpartum woman, infant, or child up to age 5. Finally, the applicant must be determined to be at nutritional risk by trained health personnel.

The WIC Program is not an entitlement program, but operates from a fixed dollar grant appropriated by Congress. As a result, the Program cannot serve all persons who meet the eligibility criteria. Therefore, the WIC Program has a specific priority ranking system, which mandates service to pregnant and breastfeeding women and infants first, then children, and finally postpartum women. Medical problems are also ranked before dietary problems. In situations of limited funding, this priority system requires state agencies to provide services to only the higher risk priorities.

Because of the unique benefits that the Program provides, WIC has opened the door for many participants to enter the public health system, leading them to seek health care from other diverse sources within that system. As an adjunct to health care, WIC is a very effective linkage to bring persons at risk into a comprehensive health care system.

The Role of the Nutritionist in Providing Nutrition Services

The goal of nutrition services in the WIC Program is to promote health by achieving and maintaining optimal nutritional status in the population served. Sufficient research has been accumulated to show that when nutrition services are integrated into health care, positive changes can occur in diet and nutritional status (2-5). The potential to change health and nutrition habits through nutrition education is great. Griggs-Anderson Field Researchers have shown that many WIC participants in Oregon have made significant changes as a result of the education they have received. WIC clients describe their experiences with WIC as giving them the opportunity to improve their eating habits and control their food budgets (6).

Because of its unique design as a nutrition program, nutritionists should be an integral part of the management team responsible for directing the WIC Program. Nutritionists in the WIC Program at both the state and local agency levels have a wide variety of job responsibilities which include, but are not limited to, the following:

Adherence to Regulatory Requirements for the Provision of Nutrition Education. Nutrition education responsibilities for state and local staff are specified in the Federal regulations (1). The state agency requirements include:

- the development and evaluation of appropriate educational strategies and interventions;
- the evaluation of nutrition services, including an annual evaluation of participants' views concerning the effectiveness of the nutrition education they receive;
- the monitoring of local agencies to assure quality nutrition education delivery;
- the provision of training and continuing education for nutrition education providers;
- the development of the state nutrition education plan with consideration of local agency needs;
- the establishment of standards for participant contacts that ensure adequate nutrition education; and
- the review of expenditures in the Program to ensure that the required percentage of administrative funds is spent on nutrition education.

The state agency also assures that local agencies comply with the following regulations:

- the provision of nutrition education contacts to participants based on their needs, lifestyles, and nutritional status;
- the promotion of breastfeeding;
- the development of an annual plan for nutrition education;
- the annual assessment of participant views concerning nutrition education; and
- the development of individual nutrition care plans for high risk participants.

Managing Nutrition Services in the WIC Program. To provide quality nutrition services in the most cost effective manner, sound program management and able leadership on the part of the nutrition staff are essential. Included in the management responsibilities of nutrition staff at the state agency are:

- the development of procedures to monitor the delivery of nutrition services;
- the determination of appropriate staff-to-participant ratios and position qualifications; and
- the analysis of health outcome data.

Areas of Program management in which local agencies have responsibility include:

- the evaluation of participants' progress towards improved health and nutrition status;
- the collection and analysis of medical and dietary data; and
- the internal monitoring of coordination with health services for the target population.

Management responsibilities of both the state and local agencies are:

- the determination of current training and continuing education needs of the staff;
- the provision of technical assistance to staff;
- the development of goals and objectives to meet Program needs;
- the monitoring of health outcomes of the WIC population to determine whether there is improvement in health/nutritional status;
- the assurance of the quality of nutrition services by performing Program evaluation and assessment;
- the participation in the budget process to ensure adequate funding for quality nutrition services; and
- the coordination with other health and human services programs.

Developing Program Policies. In addition to nutrition education policies, the state agency nutrition staff is responsible for developing policies related to nutritional risk and the WIC food package.

Each state agency is responsible for identifying specific nutrition related medical conditions which would qualify a participant for the WIC Program. These are called nutritional risk criteria. The state agency may also develop subcategories within the nutritional risk criteria which identify more severe problems. These are called high risk criteria. The state agency is also responsible for developing a method for documenting each participant's nutritional risk criteria.

The state agency's responsibilities for the food package prescription include:

- choosing the foods for use in their state from the list of foods allowed by Federal regulations;
- developing policy on the use of unusual or high cost foods allowed by Federal regulations, such as special formulas; and
- providing guidance to local agencies on food package prescription tailoring to meet participants' needs.

Marketing Nutrition Services. Promoting the importance of nutrition services in the WIC Program is essential. WIC Program staff should ensure public awareness of the nutrition education benefits provided by WIC, provide for outreach to potential recipients, and finally, ensure the integration of services with other public health programs.

PART II: GOALS AND RECOMMENDATIONS

The specific goals and recommendations in this paper were developed to promote excellence in nutrition services and nutrition education for all WIC participants and to foster positive nutrition habits even after Program participation has ended. The recommendations are flexible and should be adapted to meet individual state needs.

The Goals are as follows:

Goal #1: To ensure the provision of quality nutrition services to WIC participants by qualified staff.

Goal #2: To emphasize the health promotion and disease prevention aspects of the WIC Program.

Goal #3: To increase the participant's ability to understand and meet his or her nutritional needs during and after Program participation.

Goal #4: To strengthen integration, collaboration, and coordination efforts at the local, state, and national levels.

Goal #1: To Ensure the Provision of Quality Nutrition Services to WIC Participants by Qualified Staff

Rationale

Nutrition services in the WIC Program begin with an initial assessment of the participant to determine his/her nutritional risk condition, whether a referral to another health care service is necessary, the appropriate food package prescription, and the most appropriate nutrition education experience for the participant. The evaluation includes a screening of nutritional status which consists of an appraisal of the participant's anthropometric measurements, biochemical laboratory values, clinical data, dietary intake and habits, and economic and social situation. This screening should identify all applicable nutritional risks and serve to identify any high risk conditions, in which case a nutrition care plan should be prepared. The nutrition care plan includes nutrition counseling, follow-up, and referral by a qualified nutritionist.

Nutrition education should be provided to an individual participant or a group of participants by a trained WIC staff person or health care provider at the local WIC agency and directed to the participant's needs. The determination as to whether the contact will be provided in a group or individual setting is based primarily on a participant's needs and also on the availability of staff, staff time, and space. The most appropriate type of nutrition education contact for the high risk participant is an individual contact. Contacts with lower risk participants can be on an individual basis or in small groups. All contacts must be documented. Ideally documentation should be in a centralized location such as the participant's medical record.

To ensure quality nutrition services, it is important that the nutrition education providers be well trained and have good rapport with the participants. The content of the nutrition education materials and the method of presentation must be regularly evaluated.

Recommendations

1) Address participants' health and nutritional needs, educational level, environmental limitations, cultural patterns, capabilities, and lifestyles when conducting nutrition education.

2) Establish statewide guidelines to identify high risk participants which include a definition of the statewide minimum high risk criteria for which nutrition care plans should be developed.

3) Conduct an ongoing search for quality education materials and methodologies that would be useful and effective for the participants.

4) Coordinate nutrition education policies with those of other health professionals to ensure continuity of recommended practices.

5) Establish credentials for nutrition providers and develop a staff-to-participant ratio to ensure quality service.

6) Require paraprofessionals who are providing nutrition education to participate in and successfully complete a standardized training program. Assure that these paraprofessionals are supervised by a qualified nutritionist and that the scope and quality of their services are consistently monitored.

7) Provide continuing education to professionals and paraprofessionals on an ongoing basis by the state agency.

Goal #2: To Emphasize the Health Promotion and Disease Prevention Aspects of the WIC Program

Rationale

Like many other public health efforts, the WIC Program includes health promotion and disease prevention as one of its objectives. WIC Program legislation states that the Program shall serve as an adjunct to good health care in order to improve the health status of participants and to prevent the occurrence of health problems. Research shows that intervention programs such as WIC are cost effective in meeting the needs of low income, at risk populations (7,8).

To better emphasize the preventive aspects of the WIC Program, the nutrition and health education services component should encourage and expand health promotion and disease prevention activities among all participants, for all at risk and priority groupings. For example, preventive intervention should occur after the mother has delivered her baby. Following the birth of her child, a mother needs to replenish her depleted nutrition stores. Proper nutrition and health education during the postpartum period can help the woman speed the nutrition recovery process, which is crucial to accomplish before subsequent pregnancies occur (3). Improved access to follow-up medical care and family planning counseling may result as well.

A document entitled "Promoting Health/Preventing Disease: Objectives for the Nation," promulgated by the U.S. Department of Health and Human Services in 1980 (9), includes numerous objectives which apply directly to the WIC target population. In 1985, a review committee re-evaluated the nutrition objectives in the document. Numerous modifications were proposed, but the general scope and emphasis has remained the same (10). The WIC Program

should work with other programs in the state health agency towards achieving these objectives, particularly those that promote good nutrition, breastfeeding, smoking cessation and a reduction in the rate of low birth weight; and those that relate to the use of alcohol and drugs and to chronic health problems, such as iron deficiency anemia, obesity, and hypertension. Objectives which apply directly to the WIC target population include:

Breastfeeding Promotion. The nutritional, physical, immunological, and emotional benefits of breastfeeding to both mothers and infants have been widely reported in recent years (11, 12, 13). However, a variety of studies indicate that low income mothers lag considerably behind upper income women in initiating and maintaining breastfeeding. A national marketing research study conducted in 1980 on breastfeeding women participating in the WIC Program reported that although 40% were breastfeeding at the birth of their infants, this figure declines to 14% when their infants are 5-6 months of age. (12). The characteristics of women least likely to breastfeed (under age 20, lack of secondary education, lower income, and black) are commonly found within the WIC population (12).

Reduction in the Incidence of Low Birth Weight (2,500 grams or less). Low birth weight is one of the greatest single health hazards for infants in the United States. It is often associated with mental retardation, birth defects, growth and developmental problems, cerebral palsy, and epilepsy. Because of the correlation among low birth weight and infant mortality and childhood illnesses, a reduction in the rate of low birth weight is a major public health goal (14).

Maternal nutrition is critical to promoting an optimal pregnancy outcome. Infants of women who lack proper nutrition during pregnancy are at increased risk for low birth weight. Nutrition intervention programs, like the WIC Program, increase the likelihood of a full-term birth, and proper nutrition education during pregnancy is an important aspect of early, continuing prenatal care (15).

Reduction of Iron Deficiency. The reduction of iron deficiency continues to be a major public health initiative. A reduction in the proportion of pregnant women with iron deficiency anemia is included in the national health promotion objectives (9). Because the body's iron requirement increases during periods of rapid growth, iron deficiency is prevalent in infancy and early childhood, as well as during pregnancy (16). Clinical symptoms of iron deficiency in children include weakness, fatigue, irritability, pallor, and a decreased attention span (17). Because of the reported association between iron deficiency and attention deficits, the WIC Program should continue to focus on the importance of maintaining adequate iron status throughout the life cycle and particularly during the early childhood period.

Improved Health Status Through Nutrition Intervention. The national health promotion objectives (9) focus on the need to address dietary issues related to a variety of health conditions present among the population at large as well as WIC participants. Several objectives, notably those related to obesity and growth retardation, are specifically relevant to the WIC population. Other objectives address caloric intake and weight control, blood cholesterol levels, and sodium consumption.

Smoking Cessation During Pregnancy. Cigarette smoking during pregnancy is associated with a variety of negative effects. These include low birth weight, premature delivery, spontaneous abortion, perinatal mortality, and negative effects on the placenta (18, 19, 20). The carbon monoxide and nicotine in the cigarette smoke appear to be the factors which most affect the fetus (18). Maternal smoking is also associated with low prepregnancy weight and inadequate prenatal weight gain, both of which contribute to low birth weight (21). In the National WIC Evaluation it was found that there was no positive or negative relationship between WIC participation and any change in the number of cigarettes smoked among the women studied (5).

This indicates that smoking cessation is an important issue that the Program should continue to address (9,10).

Avoidance of Drug and Alcohol Abuse During Pregnancy. Use of drugs or alcohol has a variety of adverse social, psychological, health, and economic consequences. During pregnancy, effects can be found in the mother, fetus, and newborn (18,22-24). If the problem is very serious, it can have a strong negative impact on the mother's ability to care for her child. Consumption of unprescribed over-the-counter medications, street drugs or large doses of nutrients during pregnancy also pose a potential threat to the fetus (18).

Recommendations

1) Include health promotion as part of counseling and educational services for all participants in the WIC Program, emphasizing the Dietary Guidelines for Americans (25, 26).

2) Include the WIC Program in relevant components of health promotion objectives which are established by state health departments.

3) Work towards increasing the incidence and duration of breastfeeding through appropriate counseling and use of relevant audiovisual and printed materials.

4) Develop and maintain a breastfeeding support system which encourages personal contact between breastfeeding mothers and trained WIC staff, group sessions for new mothers, and/or referrals to outside support groups.

5) Develop and maintain a breastfeeding tracking system to monitor rates and length of breastfeeding. Such tracking systems can help increase rates and duration of breastfeeding by assisting staff in maintaining closer contact with nursing mothers. The tracking system is also useful in evaluating the success of breastfeeding education efforts.

6) Establish guidelines or standards of care for maternal nutrition which are shared among all health professionals. This will enable the health care provider to monitor prenatal weight gain, ensure that the participant is provided with accurate and consistent prenatal nutrition information, and therefore, help reduce the incidence of low birth weight.

7) Emphasize the relationship between adequate iron status and good health throughout the life cycle.

8) Incorporate special educational efforts and referral systems aimed at reducing the use of tobacco, alcohol, and drugs during pregnancy.

9) Develop materials for health promotion which are specific to the WIC population.

Goal #3: To Increase the Participant's Ability to Understand and Meet His/Her Nutritional Needs During and After Program Participation

Rationale

It is important to reiterate the purpose of the WIC Program and its two broad nutrition education goals, as stated in the Federal WIC Regulations: "to prevent the occurrence of nutrition related health problems, and to stress the relationship between proper nutrition and good health" (1). In developing this objective, it is strongly recognized that participants eventually "graduate" from or leave the WIC Program; that the major chronic diseases are strongly linked to nutrition

habits; that the incidence of many of these nutrition-related diseases is particularly high among the socioeconomic groups that WIC serves; that six of the ten leading causes of death in the United States have been linked to diet; and that to maintain good health over the long term, participants need to be armed with good nutritional skills.

Many WIC projects are able to serve only participants with higher priority nutritional risks and nutrition education must focus on participants' acute nutritional problems. Because participants will be terminated from the Program as soon as the acute problems are resolved, there is seldom enough time for nutrition education to address the health promotion and disease prevention aspects of the WIC Program. It is important, however, for the participant to continue on the Program, to the extent that available resources make it possible, to prevent recurrence of previous nutritional problems and to enable the health educator to emphasize the relationship between proper nutrition and optimal health.

Recommendations

1) Maximize the nutrition education effort by putting more emphasis on long-term nutrition goals so that participants can maintain improved nutritional status and behaviors after they are no longer participating in WIC.

2) Enhance the assistance provided to local agencies in developing effective nutrition education plans that establish both short- and long-term individualized goals.

3) Develop nutrition education experiences which actively involve the participant in the learning process.

4) Provide participants with nutrition information which will enable them to maintain an adequate health promoting diet throughout the life cycle.

5) Promote nutrition education as family centered rather than just for the participant receiving services.

Goal #4: **To Strengthen Integration, Collaboration, and Coordination Efforts at the Local, State, and National Levels**

Rationale

The WIC Program functions as an adjunct to health care and helps ensure that participants have access to related health and social services. Coordination is needed at all stages of Program development, including the planning, implementation, evaluation, and service delivery levels. Accessibility to pediatric and obstetric health care is essential during the critical periods of growth and development (27). There should be integration and cooperation among the WIC Program, Maternal and Child Health Services, the Family Planning Program, Title XIX Programs, primary health care providers, and other programs that serve mothers and children. Coordination of all services, including immunizations, well-baby and well-child care, prenatal care, and family planning helps to prevent health problems and improve health status among WIC participants. High risk participants, in particular, such as pregnant women with diabetes and/or pregnancy-induced hypertension/preeclampsia, and infants and children with metabolic disorders, failure to thrive, and other chronic or handicapping conditions, require a full range of clinical services in addition to those provided by the nutritionist.

WIC is viewed as a gateway to other services through its referrals to community programs, such as Food Stamps, Aid to Families with Dependent Children (AFDC), and Medicaid. This collaboration and integration of resources between the WIC Program and health and social

service agencies reaps many benefits. It eliminates unnecessary duplication of services and resources (28), contributes to an increase in service availability and accessibility, and it strengthens the effectiveness of the health and nutrition concepts that the participants are learning in the various programs. Program administration at the national, state, and local levels will become more efficient with a coordinated approach to service delivery.

Since no one human service program exists by itself, the impact of the WIC Program on health status depends on an integrated and coordinated approach.

Recommendations

1) Improve the coordination and integration of WIC with other health and social service programs at the local, state, regional, and national levels.

2) Encourage the establishment of advisory groups to help facilitate ongoing coordination between WIC and Maternal and Child Health Services.

3) Establish a system to facilitate referrals within and between agencies at the local level to address the extensive needs of the high risk participants.

4) Participate actively in the Healthy Mothers, Healthy Babies Coalition.

REFERENCES

1. Federal Register, Part III, Department of Agriculture, Food and Nutrition Service, 7 CFR Part 246, Special Supplemental Food Program for Women, Infants and Children. February 13, 1985.

2. American Public Health Association, Nutrition Services Project Committee. Nutrition services in state and local public health agencies. Public Health Reports 1983; 98 (1): 7-20.

3. Caan, B., Horgen, D., Margen, S., King, J.C., and Jewell, N.P. Benefits associated with WIC supplemental feeding during the interpregnancy interval. American Journal of Clinical Nutrition 1987; 45 (1): 29-41.

4. Ebon Research Systems, Inc. Study of WIC Participant and Program Characteristics. April 1986.

5. Research Triangle Institute and New York State Research Foundation for Mental Hygiene. Evaluation of the Special Supplemental Food Program for Women, Infants, and Children (WIC). January 1986.

6. Griggs-Anderson Field Researchers. Oregon State Health Division, Market Research Study. October 1985.

7. Schramm, W.F. WIC prenatal participation and its relationship to newborn Medicaid costs in Missouri: A cost/benefit analysis. American Journal of Public Health 1985; 75: 851-857.

8. National Academy of Sciences. Preventing Low Birth Weight. Washington, D.C., 1985.

9. Public Health Service, U.S. Department of Health and Human Services. Promoting Health/Preventing Disease: Objectives for the Nation. 1980.

10. Life Sciences Research Office, Federation of American Societies for Experimental Biology. A Report of the Scientific Community's Views on Progress in Attaining the Public Health Service Objectives for Improved Nutrition in 1990. Bethesda, MD, 1986.

11. Promotion of breastfeeding: Technical support paper. Journal of the American Dietetic Association 1986; 86: 1581.

12. Food and Nutrition Service, U.S. Department of Agriculture. Promoting Breastfeeding: A Guide for Health Professionals Working in the WIC and CSF Programs. 1984.

13. Public Health Service, Department of Health and Human Services. Report of the Surgeon General's Workshop on Breastfeeding and Human Lactation. Pub. No. HRS-D-MC 84-2, 1984.

14. Public Health Service, U.S. Dept. of HEW, Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention, 1979. U.S. Government Printing Office, Washington, D.C.

15. Food Research and Action Center. Poor Infants, Poor Chances. 1987, Washington, D.C.

16. Yip, R., Benkin, N.J., Fleshhood, L., and Trowbridge, F.L. Declining prevalenc. anemia among low income children in the United States. Journal of the Americ Medical Association. 1987; 258: 1619-23.

17. Ritchey, A. Kim, Iron Deficiency in Children. Post-graduate Medicine 1987; 82: 59-69.

18. Committee on Nutrition of Mothers and the Preschool Child, Food and Nutrition Board, National Research Council. Alternative Dietary Practices and Nutritional Abuses in Pregnancy. Washington, D.C., 1982.

19. Public Health Service, U.S. Department of Health, Education, and Welfare. Smoking and Health: A Report of the Surgeon General. 1979.

20. Abel, E L. Smoking during pregnancy: A review of effects on growth and development of the offspring. Human Biology 1980; 52: 593-625.

21. Picone, T.A., Allen, L., Schramm, M., and Olsen, P. Pregnancy outcome in North American women - I: Effects of diet, cigarette smoking, and psychological stress on maternal weight gain. American Journal of Clinical Nutrition 1982; 36: 1205-13.

22. Maternal and Child Health Branch, California Department of Health Services. Dangers of Drinking Alcohol During Pregnancy. 1980.

23. Finnegan, L.P. Effects of maternal opiate abuse on the newborn. Federation Proceedings 1985; 44: 2314-17.

24. Greenland, S., Staisch, K.J., Brown, N., and Gross, S.J. The effects of marijuana use during pregnancy: I: A preliminary epidemiological study. American Journal of Obstetrics and Gynecology 1982; 143: 408-413.

25. U.S. Dept. of Agriculture and U.S. Dept. of Health and Human Services. Nutrition and Your Health: Dietary Guidelines for Americans. 1985.

26. Human Nutrition Information Service, U.S. Dept. of Agriculture. Dietary Guidelines and Your Diet. 1986.

27. Cain, A., Conway, M., Zinneman, N. Connecticut WIC Health Coordination Study. WIC Currents 1983; Volume 9, No. 6, Ross Laboratories.

28. Professional Management Associates, Inc. Improving MCH/WIC Coordination, Final Report and Guide to Food Practices. 1986.

29. National Academy of Sciences, Maternal Nutrition and the Course of Pregnancy, 1970. Washington, D.C.

30. American Academy of Pediatrics, Pediatric Nutrition Handbook. 1985, Elk Grove Village, Illinois.

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